

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-020724

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

4985

STATE FILE NUMBER

FILED MAY 23 1962

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|   |                                  |   |                                    |
|---|----------------------------------|---|------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY  |                                  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>MO.</u> b. COUNTY                                      |                                    |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>ST LOUIS, MO.</u>   |                                  | c. CITY OR TOWN <u>ST. LOUIS,</u>   |                                    |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>DEPAUL HOSPITAL</u>   |                                  | d. STREET ADDRESS (If outside, give location)<br><u>3212 BAILEY AVE.</u>  |                                    |
| 3. NAME OF DECEASED<br>(Type or print) First Middle Last<br><u>HONORATA NORA MALCINSKI</u>  |                                  | 4. DATE OF DEATH<br>Month Day Year<br><u>MAY 15 1962</u>  |                                    |
| 5. SEX<br><u>FEMALE</u>   | 6. COLOR OR RACE<br><u>WHITE</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>8/19/98</u> |
| 9. AGE (last birthday)<br><u>63</u>   |                                  | 10. IF UNDER 1 YEAR<br>Months Days  |                                    |
| 11. IF UNDER 24 HR<br>Hours Min.  |                                  | 12. CITIZEN OF WHAT COUNTRY<br><u>U.S.A.</u>  |                                    |
| 13a. FATHER'S NAME<br><u>BALTARZ OLENDAR</u>  |                                  | 13b. MOTHER'S MAIDEN NAME<br><u>MARY KARWOWSKI</u>  |                                    |
| 14. NAME OF HUSBAND OR WIFE<br><u>PAUL MALCINSKI</u>  |                                  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><u>NO</u>                                    |                                    |
| 16. SOCIAL SECURITY NO.<br><u>62 3212 BAILEY AVE</u>  |                                  | 17. INFORMANT<br>Address  |                                    |
| 18. CAUSE OF DEATH (Enter only one cause per line)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Carcinoma of Pancreas</u><br>DUE TO (b) <u>&amp; Metastases to liver and lung</u><br>DUE TO (c) <u>lung</u> 157X           |                                  | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)                           |                                    |
| PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown   |                                  | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |                                    |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>   |                                  | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  |                                    |
| 20c. TIME OF INJURY<br>Hour a.m. p.m. Month, Day, Year  |                                  | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |                                    |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |                                  | 20f. CITY, TOWN, OR LOCATION<br><u>St. Louis, Missouri</u>  |                                    |
| 21. I attended the deceased from <u>6:10 4/17/62</u> to <u>5:15 1/62</u> and last saw her alive on <u>3/14/62</u><br>Death occurred at <u>4 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated. |                                  | 22a. SIGNATURE (Print or type)<br><u>Robert Polashnick M.D.</u>   |                                    |
| 22b. ADDRESS<br><u>3720 Washington</u>  |                                  | 22c. DATE SIGNED<br><u>5/15/62</u>  |                                    |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  |                                  | 23b. DATE<br><u>5/18/62</u>   |                                    |
| 23c. NAME OF CEMETERY OR CREMATORY<br><u>Calvary Cemetery</u>   |                                  | 23d. LOCATION (City, town, or county) (State)<br><u>St. Louis, Missouri</u>   |                                    |
| 24. FUNERAL DIRECTOR<br><u>JOHN STYGAR &amp; SON 5541 Riverview Bl.</u>   |                                  | 25. DATE RECD. BY LOCAL REG.<br><u>MAY 16 1962</u>  |                                    |
| 26. REGISTRAR'S SIGNATURE<br><u>Earl Smith, M.D.</u>  |                                  |   |                                    |

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *W. J. Foster*

Licensed Embalmer No. 3980

P. O. Address St. Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.